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ABSTRACT

This paper discusses Area Agencies on Aging (AAA). There are currently 655 area agencies which were created by the 1973 amendments to the Older American Act that plan, coordinate, and pool resources for the aged. The act mandated specific goals; however, because the AAA must have external support to survive, they have had to take into account group pressures, political realities, and competitive agencies in their coordination and planning roles. The South Central Connecticut Agency on Aging (SCCAA), a privately incorporated agency, yet one that is linked to the state for funding and monitoring purposes, is a model. The SCCAA fulfills the state and national directives yet shapes its internal organization through development of regional coordinating agencies and boards on which social service agencies and consumer groups participate. The planning process of the SCCAA involves five stages: (1) the education and information stage, where the values and importance of the SCCAA as a planner and coordinator is stressed; (2) the political accommodation stage, where the SCCAA deals with political realities, coping with potential threats to its survival; (3) the prioritizing stage on the Regional Committees on Aging (RCA) level, where the RCA funding needs are discussed; (4) the last prioritizing stage on the Advisory Council and Board of Director's level, where the needs of local RCA's are finally evaluated; and (5) the grant award stage. (Author/NE)

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PERSPECTIVES ON AREA AGENCIES ON AGING; WITH SPECIAL FOCUS ON SOUTH CENTRAL CONNECTICUT AGENCY ON AGING

by

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Area Agencies on Aging were created by the 1973 Amendments to the Older Americans Act, Title III, Sec. 304b, which gave State Units on Aging the authority to divide the State into planning and service areas, and to designate Area Agencies on Aging. The primary role of the Area Agency on Aging remains to plan, advocate, coordinate and pool resources to provide a comprehensive service delivery system to older persons age 60 and over at the local and area levels.

In April 1981, there were a total of 655 Area Agencies on Aging (AAA) in the United States. This was an increase over the 577 AAA's in existance in 1980 (143 county, 179 private non profit, 192 government councils, 12 city, and a variety of other 51 organizational types) (U.S. House... Select Committee... The Older Americans Act, ...6) These AAA are an important feature in the aging network and systematic studies will no doubt be forthcoming by the National Association of Area Agencies in Washington, and by researchers. This paper is an early attempt to place the AAA in a socio-cultural perspective both from research in the field, and personal observations from a field placement at the South Central Connecticut Area Agency on Aging (S.C.C.AA).

The Older Americans Act is the legislative context for the Area Agencies on Aging. It has gone through three key phases; the Johnsonian "Great Society" of the 1960's, the Nixon "New Federalism" of the early 70's, and the Amendments of 1978, during the Carter period. Three key

ideas were played out in the Older Americans Act during this period: decentralization of federal state relations; non-targeted age based resources for the elderly (rather than targeted for the needy and disadvantaged elderly) and the idea of planning and coordination strategies as the major task.

The Older Americans Act (Public Law 89-73) was first enacted by the 89th Congress in 1965 and amended seven times since then. Several major objectives stated by Congress in 1965 when the act was passed were: formulation of an Administration on Aging to act and speak on behalf of older persons at the federal level; development of community-based programs to deliver vitally needed social services to help older persons live independently in their own homes; operation of research and demonstration programs to test innovative ideas; and availability of training grants to provide skilled personnel as programs on aging increased in scope and number.

The 1973 Amendments (Public Law 93-92) authorized a major restructuring of the act, and mandated the establishment of a nationwide network of substate or Area Agencies on Aging. An objective of the area agency concept was to provide for improved organizational structure, and planning and coordination of resources at the substate or local levels. Title V, multipurpose senior centers, and Title IX, authority for the community service employment programs also became a part of the amended

act in 1973 (Senate... Part I... Developments in Aging, 108-111)

THE OLDER AMERICANS ACT, THE CONTEXT FOR AAA'S

The Older Americans Act illustrates the impact of interest groups on policy toward the elderly, and institutionalizes the advantages of selected groups and professions through structures created in policy design and implementation requirements. The main ideologies that help define the Older Americans Act are separatism and pluralism. Separatism suggests that old age is a special problem area requiring special policies and programs, while pluralism suggests that the democratic process is synonymous with interest group bargaining and that the public interest should be adequately represented in such processes.

The problem of the elderly, as perceived and defined by the Older Americans Act, is primarily one of fragmentation of services. Response to this perception is to plan, pool, and limit the scope of intervention to planning, coordination, and pooling of resources to create a comprehensive service system. The service strategy of the Older Americans Act assumes that the elderly will ultimately benefit from planning, coordination and the elimination of service fragmentation. Appropriate intervention strategies avoid structural reforms that might threaten the beneficiaries of the current political and economic arrangement. (Estes, 19)

In the 1960's the policy of treating the aged as a homogeneous group was established. There was little needs differentiation based on economic, social, racial or ethnic differences of the elderly. Focus was on an activity theory of aging resulting in socialization and recreational programs which could engage all groups. The Older Americans Act was part of the great society program of the Johnson administration, a period of activism and change, contrasting with traditional incremental federal policy.

In 1972, the Nixon administration moved to general revenue sharing as opposed to the Johnsonian categorical grants. The 1973 Comprehensive Service Amendments to the Older Americans Act reflected President Nixon's preference for local decision-making and the change from activisim to incrementalism, and was expressed in the creation of AAA under the administration of state units on aging. Under Nixon, the national program aimed at developing services through decentralized decision making. Lack of federal control freed local agencies from the requirement of addressing the needs of the more disadvantaged aged. As a result, the priorities of AAA were more likely to be determined by local politics and negotiations than by a comprehensive rational planning process. The AAA were subsequently given broad mandates to develop area service plans, expand services by pooling resources, coordinate existing services, and where necessary, to fund gap filling services for the

elderly (Estes, 39). The 1973, Amendments to the Older Americans Act, Title III, Section 304(b), gave State Units on Aging authority to divide the state into planning and service agencies, and to designate area agencies on aging, a decentralization move. The creation of the AAA was a decentralization strategy to shift demand and burden for services and curtail resource expenditure and growth. Most social problems were seen as requiring private funding and non-remediable by government intervention.

ROLES OF THE AAA: FOCUS ON COORDINATION AND PLANNING

Major amendments to the Older Americans in 1978 included: The Administration on Aging (AOA) was given additional responsibilities for coordinating non-Older Americans Act program affecting the elderly; The AOA, along with State and Area Agencies, was provided specific advocacy responsibilities; State and area plans were set to cover 3-year periods; AAA were required to provide program planning and management responsibilities for all title III-B (social service) and Title III-C (nutrition) funds; State agencies were given responsibilities for serving patients in long-term care facilities; AAA were required to spend at least 50 percent of their title III-B allotment (proportion to be decided by the AAA) on the following priority services: access services, (including transportation, information and referral, and outreach), legal services, and in-home services (homemaker and home health aide, visiting and

telephone reassurance, and chore maintenance). General recognition was given to the need to "provide a continuum of care for the vulnerable elderly" under Title III as State and area agencies were directed to give preference in the delivery of services to the elderly with the "greatest economic or social need." Title III (area planning and social services), Title VI (senior centers) and Title VII (nutrition programs), were consolidated, granting more decision-making authority to area agencies. Statewide units continued to administer statewide area agency programs, and to assess and monitor the activities of AAA's. (U.S. Senate ... Part I ... Developments in Aging, 109-111)

There are currently serious questions as to the value of the planning and coordinating institutional strategies of the AAA. Title III strategies have little effect on the highly significant federal policies of employment of the aged, medical care or social security benefits for the aged. Yet, these areas have most substantive problems for the aged rather than the process areas of planning and coordination of institutional change strategies. In the 1980's under Reaganomics, emphasis on individual responsibility and productivity is used to justify cutting back on programs for the elderly, and problems of aging are increasingly viewed as individual pathology and functional incapacity of the individual rather than as aggregate social problem reflecting the economic and social status of the elderly. There is also a blaming of the victim with destitute elderly often blamed for their own plight.

Definition of the problem as inadequate coordination and planning, defuses a clearly inequitable situation. It assumes that better access of elderly to health and social benefits would be possible if barriers to coordination were dismantled and better planning methods implemented. This is a diversionary assumption and turns anger towards inadequate coordination rather than the evident need for more resource provision for the disadvantaged. There are functional benefits resulting from focus on coordination. "... social intervention strategies that requires interorganizational relations for their implementation, provide a protective buffer against threatening change and act as a constraint on organizations that might otherwise initiate substantive changes." (Estes, 58) The act legitimates existing agencies, validates a shift from areas of social problems to service strategies, and shifts the critical perspective from inequitable class, status and power distribution in the population to one in which the problem is defined as coordination.

This focus on coordination and implementation persists and continues to plague the area planning and social service strategy with the distractive issues of centralization vs. decentralization, planning vs. politics, institutional change vs. direct service delivery, and broad mandates and ill defined target groups vs. categorical programs with clearly specified eligibility requirements.

What types of services should be provided as a result of planning and coordination? The AAA has two mandates from the Federal government, one is the linkage mandate which focuses on the need to provide the priority services of information, transportation and referral services to the elderly. Only after these services are provided can federal funds be used for other purposes. Provision of these services is of particular value for minority and poor people, and is a clear measurable task. The AAA can undertake this task in its own area without competition, and serves a unique role in this type of situation. (Hudson, passim). The other role of the AAA is to"draw in' and mobilize area resources. There are no federal dollars attached to this role. Through the mobilization of resources, the AAA is supposed to redirect other service structures and generate resources at different levels. In this role the AAA loses its unique quality, and can come into conflict with other agencies doing the same thing.

The federal government follows a "command and control" regulatory policy which limits and directs the planning and operational flexibility of AAA (Federal Council ... Toward More Effective..., 60)

> ... heavy emphasis on administrative and regulatory compliance monitoring is actually a factor in focusing area agency program or activity priorities on formal services and service programs administration... An open process of advocacy planning and an active effort to explore innovative strategies for community change are not often evident when the accountability process is itself focused on administrative and regulatory compliance questions.

Attention focused specifically to meet minimum requirements can become the parameters of AAA planning and operations. AAA are directed to allocate at least 50% of their Title III-B funds to access services, in-home or legal services and some funds on each. The resulting compliance often results in system building to meet the regulations, i.e. "expansion of specific social services, and a preoccupation with linking formal services and systems of service delivery." (Federal Council ... Toward More Effective ..., 61)

Does the role of the AAA as a non-service dispenser result in objectivity in policy-making and planning. George Telisman, President of the National Association of Area Agencies on Aging, asserts this ideal by claiming that the statutory prohibition against direct service delivery shields both state and area agencies from the vested interests that often drive service provider agencies. Therefore, he contends, they can plan and direct services to the needs of the client rather than the needs of the agency. (U.S. House, Select Committee on Aging...The Older Americans Act...24)

However, this ideal is not realized in practice and this service avoidance does not really provide the AAA with a loftier moral perch for helping the elderly. By making the AAA dependent on coordinating a consensus between groups serving the aged, we really deny the AAA the opportunity to integrate the best service for the elderly. Indirectly,

George Telisman admits to this array of pressures influencing AAA decisions and plans and to the counter-productive nature of interest groups regarding coordination. He notes,(U.S. House, Select Committee on Aging... The Older Americans Act..., 24)

> This bewildering milieu of agencies and organizations which provide services to the elderly is also the source of resistance to the coordination of services we face in our mission to develop comprehensive, coordinated systems of services.
>
> The aging network entails components for planning, coordination, program development, evaluation and accountability. It places appropriate policy-making powers at the federal, state and local levels. The planning effort, which is aimed at direct service implementation, is centered at the local level, where a public process permits considerable scrutiny by and influence from the local elder community.

The AAA is therefore forced into an incrementalist role.

THE ISSUE OF RATIONAL VS. INCREMENTAL PLANNING

The federal mandates for the AAA are based on a rational goals model whereby goals are specifically delineated, and the agency expends resources and energy toward goal achievement. The particular strength of this rational model is in goal attainment, and the criterion for determining the utility of a particular resource is in its functionality for achieving the goal. This goal model then becomes a principle factor in guiding the behavior of those involved. The rational approach to goal attainment is

contrasted with a view of organizations as systems of coordinated activities by many actors, as social systems rather than goals oriented systems (Etzioni, passim). In the social systems approach, the political aspect is not extraneous but very important, the planning system and the action system coincide, and planning becomes an ongoing process modified by implementation realities.

The AAA must have external support for survival and therefore is dependent on an image of functionality by service recipients. To maintain its support, it must also demonstrate that it is able to perform the sanctioned role in a more desirable way than that of a competitor (Hudson, 47). The AAA must adjust to the environmental factors in its setting. This poses a dilemma for the AAA. To what degree does it define as its primary goal its mission of coordination, planning and survival in the political arena as compared to its mission of delivering effective services to the elderly.

When the AAA's were established in 1978, it was thought they would be able to focus on rational goal oriented planning to meet the needs of the aged. Instead, what has taken place is that area agencies within the funding constraints of the federal government, have resorted to incremental planning in order to survive. They have had to take into account interest group pressures, political realities and competitive agencies in their decision-making. Robert Hudson, the political scientist, foresaw this situation when the AAA's were created (Hudson, 41).

> ... the introduction of new substate planning bodies - Area Agencies on Aging - is seen here as the most important change of the 1973 legislation... because the new legislative strategy is based on a rational goal model and conceptualizes the area agencies accordingly, it neglects certain requisities of organizational life. Using, instead, a social system perspective of the area agencies and their environment... these agencies will, of necessity, concern themselves with matters other than those mandated in the legislation. These other concerns will affect both the national objectives which the area agencies choose to emphasize and the intensity of their effort.
>
> Specifically, the area agencies may view the mandate to draw-in and mobilize resources at the area level as not in their organizational interests... their engaging in this role in tentative fashion will result in either incremental or goal-displaced activities; their embarking in this role wholeheartedly may prove dangerous to them organizationally and may result in substantial modifications in the national strategy and their role in it.

This change from rational goal oriented models to incremental models has moved the AAA to heavy consumer involvement in decision-making, and the consequent need for integration of interests in this incremental model. As Orkin notes, (Orkin, 147)

> One of the critical tasks for Area Agencies on Aging has been the development of appropriate vehicles for effective integration of the views of diverse constituencies. Reconcilitation of the values of citizen participation, professional leadership, and technical expertise has represented a perpetual planning dilemma. The problem has assumed increasing significance for government agencies in the last few years. They have been vested with the major responsibility for assuring consumer involvement in agency decision-making and have, at the same time, been confronted with increasingly complex programming requirements, which demand high level of professional and technical expertise.

This dilemma of professional expertise and consumer involvement has been handled at the SCCAA by having appropriate levels of expertise available at the different decision levels and informing or educating consumers on their roles and alternative decision possibilities. "Guidance" by the professional in the complex program area has been a necessary ingredient for the functioning of the system. There seems to be a lot of movement and time invested to obtain results more easily obtained in other ways.

Critical evaluations of the value of this incremental model are: the feasibility of significant involvement of consumers; the difficulty to identify appropriate roles for the various actors and the different stages of action; the most effective structure to implement the mandate for multi-group participation in planning; and the relationship of time spent in planning activities to the value of outputs produced. (Orkin, 147)

The incrementalist approach used by AAA requires continued involvement with provider agencies and consumer groups, to reach a consensus. As noted by Congress. (U.S. House, Select Committee... The Older Americans Act..., 6)

> The primary strategy adopted by area agencies to initiate, expand or improve service delivery is a principal determinant of the extent to which it establishes arrangements with other organizations. These strategies include working through its own employees, working through grants and contracts or influencing others by acting as a catalyst to initiate, expand or improve services. An area agency's degree of emphasis on each of these strategies is determined by measuring the proportion of staff time spent in a number of different activities.

The incrementalist reality suggests why organizations support the Older Americans Act. Organized interest groups in the aging network, support incremental changes but don't want comprehensive change which might disturb the balance of interests.

There is clearly a need to institute some comprehensive program to replace the incremental area plan policy of the AAA. The AAA's are structurally burdened with incremental rather than comprehensive styles of planning. Unlike comprehensive planning which generally provides few access points and few occasions to affect planning, incremental approaches provide many access points and numerous occasions to influence planning. It is no wonder that with incremental approaches for the aged, organizational interests (not those of the elderly) serve as the prime factors for service expansion in local communities (Sheldon, passim.) As Estes notes, (Estes, 59)

> ... reforming the area planning strategy, that is attempting to fine tune it, will prove ineffective. Problems of implementation inhere in its design... what is needed is a new rational perspective on the alternate program designs that could be used to address the problem of inappropriate institutionalization and independent maintenance of our nations elders.

Responding to changing environmental needs, there are currently incentives operational to point the AAA's in the direction of direct service management and playing a major role in long-term care. (Federal Council on Aging, The Need for Long Term Care, 62)

> If area agencies are to play a strong role in a system linking social services with health services, their most plausible

> role is to manage access services built around information and referral and some form of case management. The national policy focus on long-term care, therefore, makes it natural for area agencies to negotiate such a role for themselves...
>
> Most incentives work to push the aging network toward a system development strategy grounded in the idea of expanding formal social services (especially case management services) directly provided or managed by AAA, regardless of the actual adequacy of alternative suppliers.

This changing service direction will require working out an incremental approach particularly suitable for long-term care service.

RELATIONSHIP BETWEEN THE SCCAA AND THE STATE DEPARTMENT ON AGING IN CONNECTICUT

What should be the relationship between AAA and State Aging units? In Connecticut the AAA are private incorporated agencies, involved in fund raising for their survival. There is little meaningful consultation and negligible effort at building a consensus. There is tension and conflict between the State Department on Aging and the five AAA. The state does not have the power locally, nor do the AAA have complete fiscal freedom to develop their programs. The State does not base its plan for the state on a consensus built in conjunction with the AAA, there is little positive interaction or coordination between these groups.

This situation of State/AAA adversary relationships is evidently an issue of widespread recurrence. Telisman recommends that, (U.S. House, Select Committee on Aging... The Older Americans Act...25)

> ... all State and area agencies be required to be single organizational units if they are located within larger agencies or departments.
>
> Those which are single organizational units are better equipped to influence other departments and agencies than they would be if their responsibilities for planning and implementing the programs were diffused throughout umbrella agency.
>
> The current Act requires state plans to be based on area plans. It has driven some state agencies to rework local objectives and activities in area plans.
>
> We are sure that Congress intended the state planning process be a collaborative one, and we recommend that a provision requiring state and area agencies establish state plans by consultation and consensus.

The SCCAA is one of four AAA in Connecticut. All of these Connecticut Area Agencies are privately incorporated, but are linked to the state for funding and monitoring purposes. The SCCAA services the twenty towns indicated on the map (See Appendix I), and is responsible for planning, coordinating, funding and advocating for better service delivery to the aged. The agency through its own network of four Regional Committees on Aging (RCA - these are not truly regional but local); Advisory Council and Board of Directors, measures local needs, and interests and allocates federal and other resources in developing a comprehensive service system for its area. (Refer to Appendix II for chart on Federal/State/Area Network on Aging, and Appendix III for the SCCAA Organizational Chart).

The Advisory Council consists of 31 members, both consumers and providers from the RCA's. It is dominated by an urban block, Central RCA(CRCA) and includes the City of New Haven. The Board of Directors, is advised by the Advisory Council, and consists of only consumers, but no provider agencies. There were provider agencies on this Board until 1980, but the composition was changed this past year into an all consumer group. There is resentment on the part of provider agencies for not having representation on the crucial decision-making Board of Directors. The providers agencies also contend that the vacuum of provider expertise of the Board of Directors magnifies the power of the staff because it forces the consumers to depend on the staff for guidance and direction. Major staff at the SCCAA are

the Director, Grants Coordinator, Nutrition Coordinator, Field Coordinator, Training Coordinator and accountant.(See Appendix IV for Roles of the SCCAA)

THE RCA LEVEL

The activities of the four RCA which meet monthly include local oriented discussions of the needs of elder people in the region; feedback and reports on existing services and effectiveness of programs; discussion on the need for new programs and resources; and annual recommendations on grant proposals. (See Appendix V for agency defined roles)

Through representation of the Aivisory Council and Board of Directors of the SCCAA the RCA's are able to participate in policy and program recommendations on needs of their area, and suggest priorities for funding and program development. The RCA meetings are conducted at regional centers (senior centers, community centers, and local government centers), where the SCCAA field coordinator assists in the management of the meeting, develops the minutes and reports back to the agency Director on important developments. Some Regional RCA meetings (WRCA group) are elaborate and well attended. There are a number of organizational problems associated with the RCA's and the SCCAA is currently attempting to reformulate the role and structure of the RCA's and other parts of the organization.

One substantive issue that concerns the providers is the question of representation. Should membership on the RCA represent organizations or should individuals without organizational ties be included? The consumers on the RCA generally speak for themselves and don't represent any organized consumer or advocacy groups. Because of their personal rather than delegational role, continuity of objectives and perspectives and membership is difficult to maintain. Some providers attend monthly RCA meetings to advance their own agendas for securing funds. Being seen and heard is a signal to the SCCAA that they really "care," and should be considered for funding. Their "presence" at meetings is tantamount to a role call. A number of producers confidentially indicated they felt the meetings were of little value and complained about time they had to take out from their jobs, but they understood their visibility could be important at grant time.

There isn't any real policy formulation or thorough exploration of issues on the RCA level. The formal assigned function of the RCA regarding policy formulation is to sort out the numerous programs and projects for the elderly, react to these programs and feedback to the Advisory Council and Board of Directors through their RCA representatives. The discussion and feedback from the RCA level to the Advisory Council and Board of Directors generates ideas, and more importantly validates and legitimates the actions of the Board and Advisory Council, and the grant awarding process.

Organizations which don't secure funding can theoretically blame the SCCAA. Their own actions or those of their communities are suggested as causes for the failures. In one case the LNV Community Center failed to receive a requested grant. The SCCAA field director blamed the agency for not participating more actively in the process, and the local community for not adequately advocating the agency position.

A TAXONOMY OF THE DEVELOPMENTAL STAGES IN THE PLANNING PROCESS AT THE AAA

There seem to be clear developmental stages in the planning and funding process at the SCCAA, although some process items are non-developmental and continue throughout the stages. (The supporting data for these generalizations on a taxonomy are presented in Appendix VI)

Stage 1 - The Education and Information Stage

The education and information process is, of necessity, a continuing operation. The SCCAA does not have a spatial political base because it is not congruent with any political level or form of government, nor is it a direct arm of the Connecticut Department on Aging. It is an independent, incorporated, private agency, empowered and compelled to raise private donation funds for its survival, to supplement its role of conduit for federal funds for the aged.

There is no natural or political constitutency of the SCCAA except for the organizations to which it grants money and the people who gain services. Part of the task at SCCAA is to identify and crystalize leader providers and consumers who could fit into this constitutency and develop a sense of identification with the SCCAA and its purposes. Currently this end product of identifying with the AAA in its current form is increasingly problematic because of declining resources, and less available funds to provide for worthy projects. The educational and enculturating task is therefore crucial to the SCCAA and its ongoing funding is recognized as essential for survival. Participating organizations and individuals must be educated to the value and importance of recognizing the SCCAA as a planner and coordinator in the area.

Realistically, the Education Stage is a vertical dimension that goes on at all levels of the organization. However, the types and manner of information provided differ significantly at the various levels. On the RCA level, there is little need for extensive documentation and power trappings. Local meetings in local settings do not compare to the power trappings at Advisory Council and Board of Directors meetings which are all held at the central office in West Haven. Even the hierarchical staff structure at the different levels are an indicator of the importance attached to that level, and the types of information that can be made available. The Director will meet with the Board, his Grants Coordinator (assistant) will meet with the Advisory Council, and a field representative will meet with an RCA. The educational function takes place on all levels and problem causers, questioners and those who don't get gratification from the system, dropout.

Stage 2 - Political Accommodation Stage

This is the stage of behind the scenes jawboning and wheeling and dealing. It has taken the form of meeting with mayors, top level personal conferences, and negotiation with competing interests. The SCCAA at the public meetings assumes the role of the honest broker. Behind the scenes, biases, power conflicts, and the special survival interests of the SCCAA comes into play. The SCCAA must cope with potential competing Area

Agencies on Aging (large cities can apply for this designation), and must insure that potential threats to its survival are warded off by sufficient advantage in playing the SCCAA game.

Stage 3 - The Prioritizing Stage on the RCA level

The next developmental stage is that of prioritizing. There is less money available than will be requested, yet all four RCA's should come out of the process educated to the feeling that their needs were considered. The prioritizing stage helps achieve this "education." The RCA's prioritize in response to a notice from the Advisory Council that the time has come to start thinking about grants. In this stage the RCA's and their executive committees meet to handle competing interests and discuss funding possibilities.

Stage 4 - Final Prioritizing Stage on the Advisory Council and Board of Directors Level

In this stage, the priorities on the local RCA's are prioritized. The wheeling and dealing previously engaged in by agency staff is inputed, and strong staff recommendations are made as to the most significant and valuable projects. Agency staff are careful in guiding the process and providing signals to members about projects they think should be funded, given the limited resources. At this level, all data, pressures and values of the incremental planning process are balanced out and final decisions are reached. The Advisory Council is shepherded through the

large bulk of grant proposals, and the level of sophistication and nuances of each proposal are decoded and defined by the staff members. The process is smoothed by a number of prior inner circle meetings of the chairpersons of the Board of Directors and Advisory Council. The chairpersons reflect staff values and provide the direction and value context consistent with staff definitions.

Stage 5 - Grant Award Stage

At this stage the results of incremental planning are reflected in the grants awarded. An ongoing review and evaluations commences, and the SCCAA continues the monitoring process throughout the year through the activities of the Grants Coordinator, and the accountant.

CRITICAL COMMENTS AND SUGGESTIONS

Advocacy Function for the RCA

I don't know if anything more could or should be done for the planning effort and supposed percolation of ideas up from the RCA, a tremendous amount of time is already allocated to this. However, grant development and the area plan of the AAA are only minor function for the RCA. It is my feeling that a function of advocacy could be more effectively developed at the RCA level. This would not necessarily enable the SCCAA to look better on the bottom line or impact its ability to carry out an area plan, but it could provide a valued service to the elderly.

The function of advocacy would require making information available to laymen in a concise form suitable for use as a data base to change conditions. The function of advocacy would also require more politically astute action on the part of RCA membership to achieve their objectives. This could include training on how to pressure political leaders, use of media and lobbying operations. But this has not happened, and RCA meetings serve as an escape valve to vent some frustrations without being galvanized for effective action on the local level.

The use of the newly arrived training director (at SCCAA) to heighten the sense and skill of advocacy can move this advocacy role into gear. Thus far, the field representative has not turned the RCA into a community action group capable of changing the local scene. This would require a high degree of political education, and close relationships which might best be developed in other institutions serving the aged. The SCCAA probably does not emphasize this political activation function because it is not a primary goal of the agency and it might get the agency into some serious types of conflicts with town and city groups with whom it must live. Local citizens are reluctant as well to come into conflict with their local boards of finance. The unleashing of citizen wrath against the town fathers does not really fit in with the money related functions of the SCCAA, the developing, implementing, and monitoring of an area plan. The usefulness of the RCA for the grant role of the SCCAA is to provide the consumer base and client system which the federal

mandate requires. To a degree this happens, but an opportunity for effective advocacy is lost because it doesn't really fit into the rational goals of the agency. Limited expertise of consumers in their own mobilization and achievement of objectives requires too much unrewarded energy.

Incremental planning on the RCA level provides a sense of accomplishment for the consumers who remain in the RCA (dropout and turnover is high) and for the providers who get their funds (attendance is with reluctance). To this contribution to the planning process should be added an avenue for direction and skill building for effective advocacy on the local level. The planning process is functional and validating, but the advocacy process is inadequate and frustrating.

Vertical Integration: Meshing the Interests of Three Groups

In the planning framework, the AAA must integrate three groups into some type of planning organization. These are the citizen consumers (not representing any consumer organizations); providers with professional expertise (those who provide the services funded by the agency); and the professional staff of technical experts. The groups incorporate different values systems, and role syndromes involved in the functioning and planning process of this agency. In some way, these three different groups have to be meshed in an organizational structure, and ongoing socialization and education attempts to blend these different interests and capabilities. The movement from one structural level to another

brings different actors and groups onto the planning and functioning stage but the three group classifications, consumers, providers and staff, remain as constants.

What is the function and value of consumer group participation? It meets the federal mandate to include consumers in policy development at the agency. onsumer participation is a basic requirement for the functioning of the AAA, without which the AAA could not be in business. Stimulating consumer participation is therefore a basic condition for continued survival of the AAA. The value of consumer group participation is however another issue. What is their real contribution to the process?

In the policy and planning process, consumers can serve as a source of information and feedback to the agency on needs and the degree to which these needs are being met. (Orkin, 151) They can also serve as a validation of results that are produced through other methods important because other methods have limitations. Surveys can be expensive and can become quickly outdated, and secondary statistical data might be valid on a broad scale but would need specific application for local level involvement.

In the SCCAA, consumer groups participate in decision-making and planning on all levels, the RCA, the Advisory Groups and the Board of Directors. On the local RCA level, they function to provide feedback on existent and needed services, to question and discuss services with providers, to react to programs, and to suggest suitable funding. This is an important sounding off level and does not really require the expertise and knowledge of staff personnel. The field work representative is assigned to work on this level, and provides feedback to the agency through minutes and personal contact. Consumers also participate on the Advisory Council level along with providers and staff. They also serve on the Review and Evaluation joint committee of the Board of Directors and Advisory Council. The reason for their dominant position on the Board of Directors is the decision by the Connecticut State Commissioner on Aging that the Board of Directors should be an all consumer group. This is supported by the agency director. He reasons there is a conflict of interest when a producer sits in judgement on a grant proposal by producers. However, the non-presence of service providers on the Board of Directors necessitates greater dependence on the expertise of the staff members when data based decisions are required. There is repeated injection of the expertise and biases of the staff when complex matters are handled.

In any incremental planning, there is need for a sense of political reality that balances expressed needs, with the power of local service configurations, and national, state goals and local governing authorities (Orkin, 149). The issue is less one of identifying what older people need (needs assessment) than of determining in what proportion programs should be combined and how this is to be done politically in order to address expressed needs. For this type of planning, professional expertise is needed.

Consumer participation in the development of the SCCAA annual plan is one of high visibility but low contribution. There is danger of requiring consumers to play a role in decision-making beyond their level of sophistication. In some situations this could result in tokenism, with little value to consumer participation except validation of agency decisions. I wouldn't characterize the situation at the SCCAA as such, but I do have strong doubts whether the decisions reached would be substantially changed or even changed for the better if consumers were not in the planning process. Consumer involvement probably limits the freedom of the staff to be capricious, but a professional staff is generally able to set their own limits. The function of consumers on the different levels of planning seems to be a validation of the process. Whatever is done and whatever decisions are made, one can blame it on the consumers involvement in the process.

In the SSCAA, consumers are primarily representative of their personal perspectives and interests, but are not representatives of organized community groups. A screening mechanism is needed to define what are general interests of consumer groups and what might be the personal special interest being advocated by a particular consumer. Consumer delegates or representatives of special groups might well provide greater continuity and validation of agency programs and plans. One objective of the SCCAA is to limit those consumers with narrow personal interests to the RCA level. Thereby, those consumers who move up in the hierarchy to the Advisory group or Board of Directors would be the ones willing to accept new roles of broader regional and community responsibility, and ready to represent the interests of their particular areas in the broader AAA context. There is a lot of "backroom" caucasing by leaders on how to get the "right" people into key committee positions.

Consumer transformation from a "narrow interest to "broader community interest" is facilitated by the nature of material being dealt with on higher agency levels. The higher one goes in the agency hierarchy, the more complex the problems become and the greater expertise one needs. Staff are vital on the higher more complex levels, and are looked upon as guides to decision-making. On the higher levels of the agency, the Director or Grants Coordinator field the play, become directly involved, and provide gratification strokes for participating consumers. By the time he reaches the higher levels of decision-making (Advisory Council and Board of

Trustees), the consumer becomes sufficiently socialized to go along with reasonable suggestions by the staff, and to accept the signals of the staff as important guides for decisions. People who balk can be troublesome, and there are clearly staff preferences as to who would do best if elevated to positions of responsibility. Playing the game for consumers clearly requires cooperation with professional assessments of 'appropriate' programs.

There is a serious question of whether or not consumers can really be 'significantly' involved. In the SCCAA, members participate and their participation helps the agency meet its legal mandate and keep on track for assessments and program development. Of what value is all of this?' There are serious questions on the value of time spent in planning activities, for the outputs produced (Binstock and Levin, 1978). In my opinion, the tremendous amount of time spent by consumers in the SCCAA planning process is not justified because they do not represent wider organizational interests that must be brought into the negotiating process.

The SCCAA could develop the same plan without consumer involvement, and does not really need formal consumer input to get the job done. What the SCCAA does require is meeting federal mandates, state pressures, democratic ideological views, and validation for difficult decisions in a fixed sum game. The process of involving the consumer, serves to make it difficult to fault the agency on any of its program decisions. The AAA can always use "due process" as a justification for their decisions.

RECOMMENDATIONS FOR INNOVATION AT THE RCA LEVEL

Improved Communications

A major problem the SCCAA faces is one of communications between its varied parts. The problem of integration, through communications is a problem faced by similar agencies with numerous levels and components. What makes the problem particularly acute with the SCCAA are the lack of clearly defined goals and objective for which agencies generally develop clearly defined functional roles. A question that continually comes up on all levels at the SCCAA is one of defining and clarifying the mission of the organization. Why are people coming together and for what organizational end goal?

In many ways the agency and its components are constructed in "air." There are no clear products being developed, and the only real bottom line function is the planning and distribution of funds for elderly purposes. This is very significant but could be easily accomplished by the staff without all the validation trappings of committees required by the Older Americans Act. However, many of these trappings are required by the Older Americans Act. An effective information network is needed to provide the illusion of purpose and integration of multi-purposes by an agency whose whole has little to do with its parts. This may be accomplished by distributing summary information sheets to clearly indicate what the component parts of the agency are doing in a particular time segment, preferably, a month. This proposed information sheet would include a Monthly Agenda and Process Chart for the SCCAA and all of its components (see Appendix VII for recommended form) and would greatly facilitate

this and provide for a common base of information and communications needed to develop a cohesive ideology and a sense of purpose in a fragmented setting.

There is also a need to have local groups communicate with other local groups about what they are doing and what can be accomplished with the funds spent. Gathering data by each town on the sheet "Information on Municipal Services to the Elderly," (See Appendix VIII) and consolidation and distribution of this information in the sheet "Comparative Town Expenditures on the Elderly" (See Appendix IX) would facilitate this communication.

PAYOFF PROBLEMS

Despite potentially improved communications, it is unfortunate that developing a greater cohensiveness for an otherwise amorphous type agency has no real payoff on the bottom line. The amount of government and/or state funds actually secured, has little relevance to this improved communication network, rather is directly tied to the political process involved in incremental planning. It is for this reason that SCCAA energy will probably not be expended on developing this communication means. After all, payoff in the survival game is not for creative and innovative service for the elderly but in political accommodation.

It is possible for the RCA to be eliminated without much damage to the substantive decisions in Policy and Planning. However, there would be a loss in function of the SCCAA since there is a need for a validating mechanism for the end product, grant development. In my opinion the RCA's should be redefined and turned into advocacy groups on the local level. They could be provided with the training and the expertise needed to have older people in the community exert effective pressure to unlock available local resources. This approach would transform the RCA from a discussion group and primary validator for grants to a pro-active action group directed to bring change in community elderly policies on the basis of available resources.

ROLE OF PROVIDER GROUPS

Providers participate in the planning operation on the levels of the RCA on the Advisory Council and on some subcommittees. They do not participate on the Review and Evaluation and Board of Directors levels. The rationale for this is that they could have conflicts of interest if they were involved in the final plan.

A number of providers are upset with their situation, and some have indicated that going to the RCA and Advisory Council meetings is a waste of time which could be spent more effectively taking care of agency business. Those who are interested in funding, however, do come to meetings. It is important for them to project a positive image of

caring and assisting, and their participation is needed by the SCCAA to validate this process for consumers. At RCA meetings and on the Advisory Council, there is little facilitating organization to take advantage of provider expertise. Most are very reluctant to cross swords with the agency on issues of importance to the agency because they can be cut off from funding. Those who can gain advantage from attending are generally rewarded by high visibility and recognition by the staff. Those who do not attend generally have given up the battle and don't get adequate benefit from playing the "game." There is need for providers to perceive their at stake in order to participate actively as provider groups. This is also the case in community action agency settings where local provider agencies often serve on boards not to coordinate their activities but to protect their vested interests. As Hudson notes, "The coordination strategy has functioned for at least a century, most latently, to reduce for the agencies the threat of competition in the name of favoring the duplication of service." (Warren as quoted in Hudson, 52)

In the SCCAA the expertise of providers is not adequately utilized in development of policy and ideas for improving services for the elderly. Essentially, providers are in a situation of competition, and their interest is primarily in the survival of their agencies. They are not encouraged to meet as groups of providers without consumers present. Their interests and objectives are not directly represented by the

SCCAA and they have no real interests without a clear monetary stake. They can be "coordinated" to the degree that funds are available and to the degree that the SCCAA can use funding leverage to help. Without this leverage, they have no real reason for playing the game. In a very recent development, frustrated providers have banded in a new group formed outside of SCCAA auspicies. It is to SCCAA advantage to integrate this prospective provider organization into a meaningful role function at the agency.

To the extent that coordination is a diversion and avoidance of funding responsibilities by the Federal government for providing money for substantive change, to that degree does the coordinating agency lack any real coordinating leverage. A potential fallacy of the coordination scheme for the elderly is in its use to avoid substantive responsibilities for the aged, this can become an important underlying reason for focusing on coordination. The delegating of this coordination responsibility to agencies without giving them funds for a substantive leverage is a cruel hoax. To a significant extent, many providers recognize that the agency has only a few crumbs to hand out, and reject the coordination role of the SCCAA with limited resources to distribute.

DICHOTOMY BETWEEN COORDINATION ROLE AND ADVOCACY ROLE OF THE SCCAA

The tasks of administration/planning/coordination contrasted with the Advocacy role of the SCCAA require different planning models and different psychological frames of reference. The administration/planning coordination functions are essentially conservative functions, operate within the formal structure and must satisfy federal and state authorities that the appropriate services are being developed and provided. The advocacy function however is change oriented, and requires a more transactional grass roots and/or revolutionary change approach. Realistically, payoff for the agency comes from fulfilling its conservative administrative related tasks. If it moves too rapidly or extensively towards change its operations can be limited and eliminated. The advocacy role if carried too far can result in marshalling opposition groups and result in consequent destruction of the agency. The administration tasks on the upper level are of greater consequence for the agency, and tend to overwhelm the advocacy needs on the lower levels.

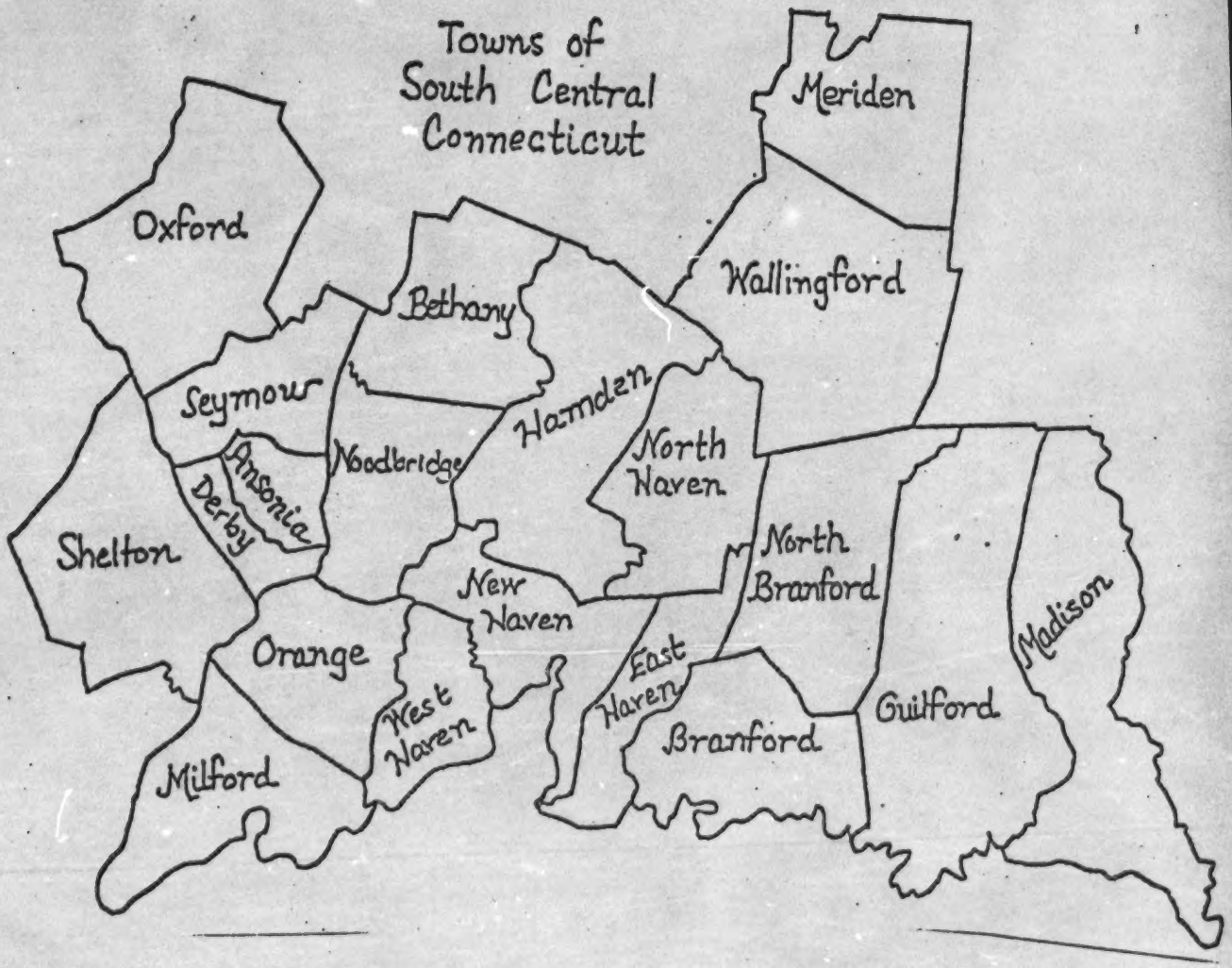
The advocacy area is urgently needed on a local level to secure available local resources and make them explicity available for the elderly. In my opinion, a more radical change approach is needed to activate and stimulate the nonformal area and crystalize a grassroots change movement to directly affect the community environment of local elderly. Unfortunately the current situation for too many in the communities, is the SCCAA as an abstraction signifying nothing. To

secure needed changes, the SCCAA should develop more effective linkages with the informal network, and engage in a reasonable degree of advocacy to the limits of organizational capability. The issues are already out there, but agency activation is missing.

SUMMARY

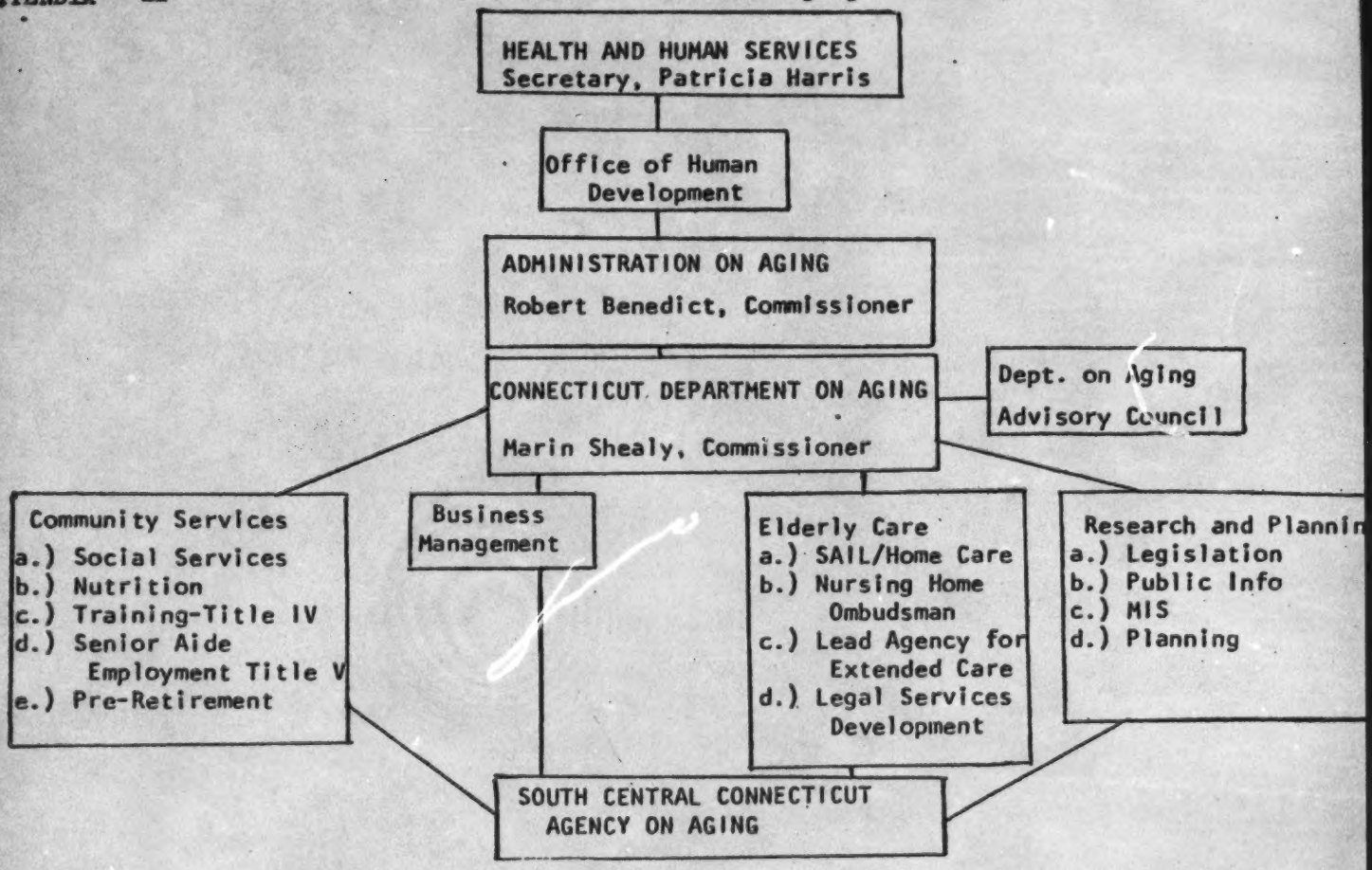
In this paper, we have looked at an Area Agency on Aging in the context of the Older Americans Act, historical forces, and political realities. We have used one agency as an analytical target recognizing the existence of a great degree of diversity and difference in the structure of Area Agencies and their internal and external network arrangements. The common context for all Area Agencies the American culture context reinforces certain political behaviors with positive payoffs. The incrementalist and pragmatic approach seems to be the survival road for this type of agency in the U.S. and the organizational framework to provide an important analytical mode for understanding and hopefully improving Area Agencies on Aging.

Appendix - I


Towns of
South Central
Connecticut
Meriden
Oxford
Wallingford
Bethany
Seymour
Hamden
Woodbridge
North
Haven
Ansonia
Derby
Shelton
North
Branford
New
Haven
Madison
Orange
East
Haven
West
Haven
Guilford
Branford
Milford

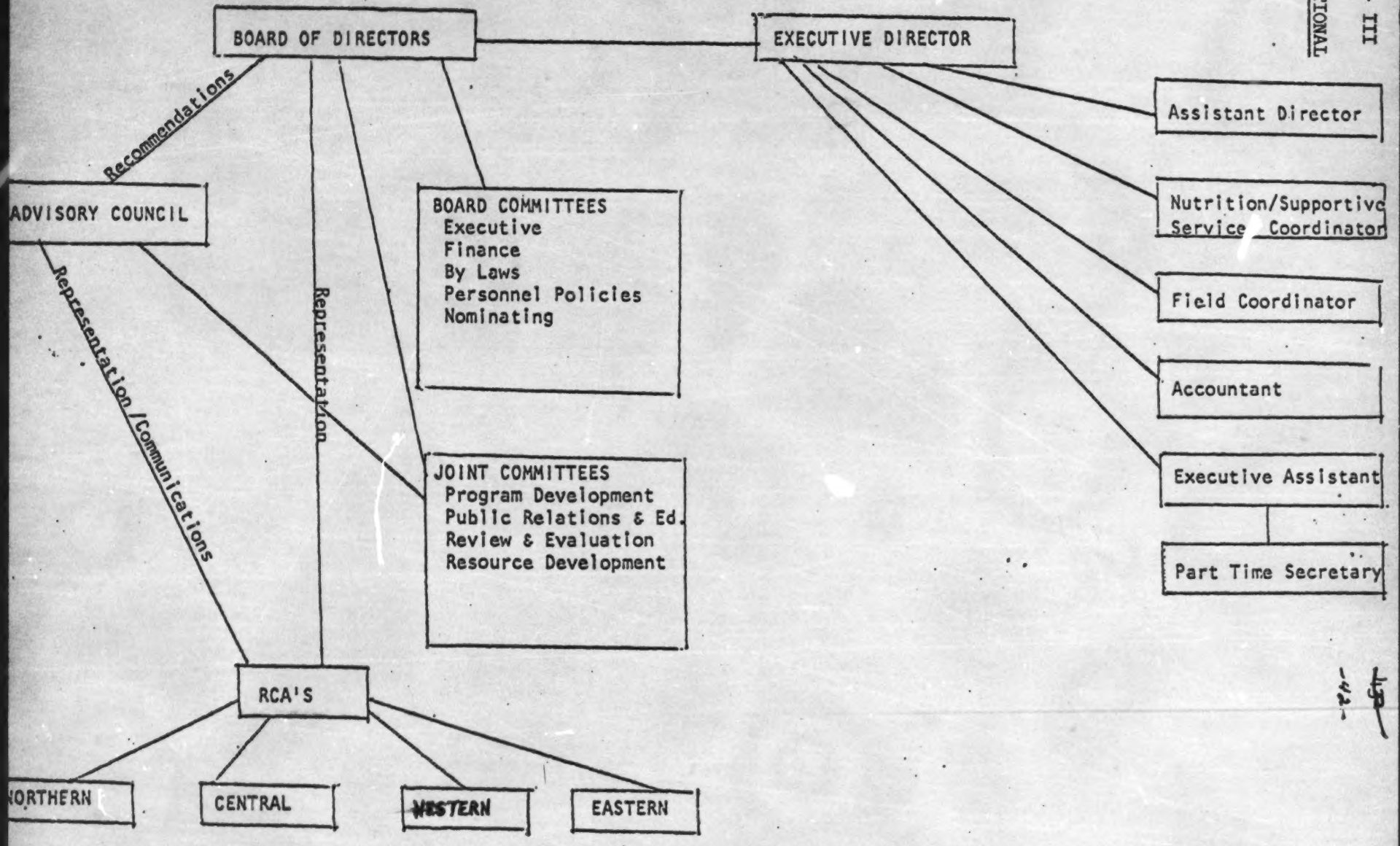
APPENDIX - II

Federal/State/Area Network on Aging - (Funding Pattern)



APPENDIX - III

SCCAA ORGANIZATIONAL CHART



APPENDIX-IV

ROLES OF THE SCCAA

1.) Determine the need for human services in the South Central region.
2.) Develop an area plan of action which will provide for the establishment of a comprehensive and coordinated system for the delivery of social services within our area.
3.) Conduct a public hearing for review of the proposed area plan by the general public.
4.) Make Title III funds available to develop social programs, assist multipurpose senior centers and provide nutrition services:
    a.) Send out requests for proposals to communities and social services agencies for Title III applications.
    b.) Receive letters of intent from prospective grantees.
    c.) Send out grant applications.
    d.) Review Grant Proposals by a designated time.
    e.) Prioritize Grants through agency network: RCA's → Advisory Council → Review and Evaluation Committee → and then to Board for final approval.
    f.) Fund prospective grantees

5.) Monitor, assess and conduct periodic evaluation of grantees pursuant to area plan.
6.) Render appropriate technical assistance to providers of social services and senior groups in the region.
7.) Coordinate services among existing social service providers to avoid duplication.
8.) Try to pool available resources to strengthen existing services or create new ones.
9.) Act as a focal point in the area for leadership in the field of aging.
10.) Engage in a continuous process of planning in order to define or re-define objectives, previously established priorities and develop a system to improve service delivery.
11.) To coordinate the provision of training for service providers and the public, as well as different components of the aging network.
12.) To advocate for better services for the elderly population on local, state and federal levels.

APPENDIX-V

The Regional Committees on Aging meet monthly to:

1.) Study the needs of older persons within the region.

2.) Monitor the effectiveness of existing services.

3.) Promote the development of new resources and needed programs.

4.) Provide a forum for communication about successes & problems at the local level.

5.) Make recommendations to the SCCAA Advisory Council regarding needs in the region and priorities for funding and program development.

6.) To study and take positions on local, state and federal legislation which affects older people.

7.) To elect representatives to the SCCAA Advisory Council, SCCAA Board of Directors, Connecticut Community Care Advisory Council and other appropriate organizations as necessary.

STAGES IN THE PLANNING PROCESS

1. STAGE I - THE EDUCATION AND INFORMATION STAGE - DATA BASE

1.1 March 26, Letter from the Field Coordinator to WRCA regarding request by LNV Community Mental Health Center that a more active role be taken by the WRCA to secure funding. Suggestion that the WRCA has to be more aggressive in pursing funds from the SCCAA.

1.2 April 27, CRCA minutes. Field Coordinator indicates to CRCA that $60-80,000 of uncommitted funds are available to SCCAA, and refers to time-line process for funding. Two suggestions for funding are Adult Day Care in Newhallville, and medical transportation to replace Red Cross program. Forthcoming full discussion at CRCA Executive Board Meeting.

1.3 May 5, Advisory Council minutes. Assumption made that Title III-B allocation for 1982 will be the same as for 1981, $519,631. Staff projects that new programming money available from that sum will be approximately $64,000 and that rest of funds are committed to ongoing grants. Notification that continuing grants will also be reviewed at that time. Because of the limited amount of funds available, the Advisory Council and the Review and Evaluation Committee of the Advisory Council/Board of Trustees will be ranking the priorities of the RCA's and making recommendations to the SCCAA Board of Directors for their June 10, meeting.

2. STAGE II - THE POLITICAL ACCOMMODATION STAGE

I don't know if this is a legitimate developmental stage or if it takes place on an ongoing basis in a number of different settings is special at the SCCAA under discussion. It is an important stage that had to be worked through in the planning process prior to the finalization of priorities. Shortly before May 13, the Agency Director met with a mayor to discuss compliance by the mayor's city with the transportation grant and the provision of specified services.

There was also some need to resolve a dispute over turf between the SCCAA and an agency for elderly employment and other services operating out of New Haven. Both agencies are in need of private funds for matching purposes, and there was some concern by that agency that their funding turf might be used by SCCAA to approach some of its contributors. There was probably some horsetrading at the meeting with the SCCAA interested in having the agency back off, and the City interested in securing its transportation grant request. The city poses an ultimate competitive threat to the SCCAA because under Connecticut State Regulations, it could apply for and be accepted as an Area Agency on Aging and go into business in competition with the SCCAA. The trade off was probably one in which the city was favored to secure the transportation grant requested, if they shapped up their operation, to the satisfaction of the SCCAA, and the SCCAA was given

the continued support of the city and some rights to seek funds in the turf formerly considered exclusive by the other agency. The end result suggests that this trade off probably occurred. After this issue was resolved the planning process of prioritizing could continue.

3. STAGE III - THE PRIORITIZING STAGE

3.1 May 6, The RCA's prioritize their own lists. At the CRCA Executive meeting to discusses CRCA priorities, six requests are discussed (medical transport, shopping transport, employment counseling, expansion of home-care for frail, crime prevention programs). The CRCA Executive Committee recommends that medical transportation be established as the first priority, with home care services as the second priority.

3.2 At the CRCA meeting on May 18 six potential funding items are discussed and the executive committee of the CRCA recommends that potential funding medical transportation be the first priority. A staff member probably helps the committee arrive at this decision by suggesting what they should considered important and what they thought should be done. This is done subtly by indicating governmental preference for projects to be funded, or by suggestions as to what the respected staff members

consider a good idea and a worthwhile project. Part of the enculturation process is to learn to respond positively to subtle signals of staff members. The priority decision of the CRCA and eventually the funding decision emerge "just right" for continued agency functioning and survival. The four RCA's forwarded their priorities to the Board as part of the planning process.

3.3 The following is a list of funding priorities requested by each of the four RCA's. (The one that eventually won out was proposed by the most powerful RCA, the CRCA and was crucial for SCCAA survival.)

A. WRCA (WESTERN REGION)

1. A caseworker to do in-home evaluations and to coordinate the provision of necessary services. This person could be assigned to the chore program or other community based agency. The caseworker would be available to respond to crisis situations in the five Valley towns when, CCCI staff would only be available after a long wait.

2. Additional funds for in-home services.

B. ERCA (EASTERN REGION)

1. Expansion of in-home care services to cover all of the East Shore towns by Connecticut Community Care, Inc. or other appropriate homecare agency. (Currently East Haven is being served by CCCI as of 1981).
2. Allocate additional small amount to assure transportation component for clients of new Branford Adult Day Care Program (new 1981 Title III-B grant) in 1982 grant.

C. CRCA (CENTRAL REGION)

1. Medical transportation for the Greater New Haven area.
2. Home Care Services.

D. NRCA (NORTHERN REGION)

Adult Day Care Center

3.4 On May 26, the Advisory Council meets to prioritize the priorities, and the Assistant Director of the SCCAA is present. She presents the following highest priority funding priorities of the R.C.A.'s: East Shore - In-home services; Western Outreach caseworker; Northern - Day Care; Central - Medical Transportation.

The priorities question deals with was how the $64,000 in funds should be allocated. A motion is made to provide each of the communities requesting the funds with part of the funds requested. To divide the money between the regions, ($25,000 to CRCA, $7,000 to WRCA, $25,000 to NRCA, and $7,000 to ERCA. This proposal is voted down in favor of awarding all $64,000 to the Medical Transportation request.

The issue is defined as either politically splitting the money with each area getting a piece of the pie, or using the $64,000 more constructively by spending it on a priority of the medical transportation discussed for over a 1½ year period. The vote is close with the money split for the towns being defeated by a 5 to 4 margin. The decision to award the whole $64,000 grant to the CRCA for medical transportation is based on the survival instinct on the agency to provide the dominant central region, interested transportation, with the total share. These are evidently strong feelings at that meeting. A question are raised on whether the vote has a quorum and the vote on the quorum question itself is a tie. There is a tie breaking vote to resolve the issue in favor of the present's quorum, and consequently in favor of the Advisory Council's decision to award all of the funds to medical transportation at the CRCA.

3.5 At the June 10 meeting, the Board of Directors makes a decision on program priorities SCCAA should attempt to fund in 1982. Applications will then be solicited for these specific regional program priorities in the next grant application cycle, July-December 1981.

4. STAGE IV - FINAL PRIORITIZING STAGE ON THE ADVISORY COUNCIL AND BOARD OF DIRECTORS LEVELS

With different priorities, new grant money for each of the four regions, the problem faced by the Advisory Board and Board of Directors was to decide between different regional interests and priorities. On May 26, the Advisory Council sets priorities for the priorities suggested by the four RCA's. At the June 10th meeting the Board of Directors decided which RCA priorities were most important and invites grant proposals.

Although this process of decision-making on priorities has the appearance of incremental planning with openess of choices and alternatives, resulting from a play of interests groups, it has the reality of rational planning with a comprehensive design which fits into federal guidelines and SCCAA objectives. At each of these selection points, someone from the staff helps conduct the meetings, and provides an agency perspective on what is possible, and desirable.

People at the meetings look to the staff members for expertise and guidelines as to what the implications of their choices would be, and what choices should be made. In this sense, the staff acts as an information and guidance source for lay persons not expert in decoding all the implications of grant applications. In many ways, it is a pruning process whereby the AAA staff is informed of the different interests and objectives of their constituency, and in turn, made reasonable incremental decisions. Even before the final decisions are made, the die had already been cast within the parameters of federal and state guidelinnes. The presence of staff members at all levels of decision-making insured that the decisions will be suitable.

STAGE 5 - GRANT AWARD STAGE

Grants are awarded and an ongoing review and evaluation commences The grants awarded are listed on the next page (Appendix VII).

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Agency on Aging announces grants

The South Central Connecticut Agency on Aging has announced the award of $1,618,534 to social service groups serving elderly people.

The grants include:

- $690,290 to the South Central Connecticut Elderly Nutrtion Program for 455,670 senior center meals, and $121,817 for 76,200 home-delivered meals.
- New Haven Legal Assistance, $67,213 for an Elderly Law Unit.
- City of New Haven Elderly Services, $27,528, for a transportation coordinator and transportation to senior centers in target neighborhoods.
- Casa Otonal, $15,279 for two bilingual social service workers at a Hispanic senior center.
- New Haven Food Co-op, $41,230 to purchase a van and to expand a program carrying shoppers to the store and delivering to homebound people.
- Community Action Agency, $14,765 to supplement a chore service serving New Haven, East Haven and West Haven, and $39,499 for emergency fuel assistance.
- Sage Advocate, $17,283 to continue an employment service for older workers.
- West Haven Adult Day Care Center, $12,407, for a social worker counseling clients and families, and $6,264 for a volunteer coordinator for transportation and programs.
- East Shore Adult Day Care Center, $42,340 for the second year of operations.
- Meriden Senior Center, $7,2251, for transportation to medial appointments for residents of North Haven, Meriden and Wallingford.
- Wallingford Committee on Aging, $2,895 for transportation within the town.
- Valley Transit, $45,299 for transportation in the lower Naugatuck Valley to medical appointments, shopping and senior centers, and particularly for nursing home residents wishing to participate in community activities.
- North Haven Senior Center, $6,650 for homemaker activities.
- Derby Senior Center, $31,618, for the project Helping Hand Chore Service in Ansonia, Derby, Oxford, Seymour and Shelton. A part-time social worker has been added to the program.
- Family Services of Central connecticut, $29,708 for homebound services.
- Connecticut Community Care, $115,676 for home care in 13 towns.
- Matt Atonacci, a training consultant, $20,500 to develop series of training events and conferences under SCAAA sponsorship.
- Project MANNA of TEAM, $83,122 for 47,310 senior center meals and $60,191 for 28,386 home delivered meals.
- Meriden Senior Center, $12,147 for a fire alarm and intercom system.
- Seymour Senior Center, $4,760 for parking lot and sidewalk improvements.
- St. Andrews Junior Companionship Program, $3,000, to develop relationships between homebound elders and students.

APPENDIX -VII

INFORMATION SHEET AND PROCESS CHART FOR SCCAA — 54 —

MONTH _____

ESRCA

CRCA

NRCA

WRCA

ADVISORY COUNCIL AND COMMITTEES

JOINT COMMITTEES

REVIEW AND EVALUATION COMMITTEE

PROGRAM DEVELOPMENT COMMITTEE

RESOURCE DEVELOPMENT COMMITTEE

BOARD OF DIRECTORS AND COMMITTEES

BOARD COMMITTEES

1. EXECUTIVE
2. FINANCE
3. BY-LAWS
4. PERSONNEL POLICIES
5. NOMINATING

PERSONNEL POLICIES AND FINANCE COMMITTEE

PUBLIC RELATIONS COMMITTEE

KEY ISSUES FOR THE MONTH

APPENDIX-VIII

INFORMATION ON MUNICIPAL SERVICES TO THE ELDERLY

Your Name _____ Date _____

City _____; Representative of which agency(if any) _____

The Area Agency on Aging, under mandate of the Older Americans Act, is evaluating programs for the elderly in your region.

Please complete the information requested about your city to the best of your ability. Where information is not available to you, please indicate "N/A"

1. MUNICIPAL BUDGET FOR THE ELDERLY
1.1 All dollars (federal, state and local)_____
1.2 Local tax dollars _____

2. FEDERAL FUNDS USED BY YOUR CITY FOR ELDERLY SERVICES

2.1 TITLE III (Nutrition, Social Service)

_____

2.2 TITLE XX

_____

2.3 TITLE III(SENIOR AIDE)

_____

2.4 CBG(Community Development Block Grants)

_____

2.5 HUD/SECTION 8 (Federal Subsidized Housing)

_____

2.6 CETA (Comprehensive employment Training Act)

_____

2.7 MENTAL HEALTH

_____

2.8 OTHER

3. EXPENDITURE FOR ELDERLY FROM THE MUNICIPAL BUDGET (Include all dollars - federal, state and local)

3.1 POSITIONS	SALARIES
3.1.1	
3.1.2	
3.1.3	
3.1.4	

3.2 PROGRAMS	AMOUNT

3.3 MAINTENANCE: LOCATION	AMOUNT

3.4 TRANSPORTATION: TYPE	AMOUNT

4. IN/KIND CONTRIBUTIONS (SENIOR CENTER MAINTENANCE ETC.)

TYPE	AMOUNT

5. OTHER: ACTIVITY AMOUNT

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SUGGESTED MODEL
COMPARATIVE TOWN EXPENDITURES ON THE ELDERLY

TOWN	LOCAL TAX DOLLAR FOR ELDERLY SERVICES	HOW LOCAL TAX DOLLAR IS SPENT	IN-KIND MONEY AND SERVICES	HOW IN-KIND MONEY IS SPENT	FEDERAL FUNDS USED & TITLE SOURCE	HOW FEDERAL FUNDS ARE SPENT

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